

FEB 10 2010

RECEIVED

CERTIFICATE OF NEED APPLICATION

COLUMBIA MANOR CARE CENTER

PROJECT #4479 NP

DESCRIPTION

LTC Bed Expansion of 40 SNF Beds



Certificate of Need Program

EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Columbia Manor Care Center

Project No.: 4479 NP

Project Description: LTC expansion of 40 SNF beds

Done Page N/A Description of CON Rulebook Contents

Divider I. Application Summary:

- | | | | |
|-------------------------------------|----------|--------------------------|---|
| <input checked="" type="checkbox"/> | <u>6</u> | <input type="checkbox"/> | 1. Applicant Identification and Certification (Form MO 580-1861). |
| <input checked="" type="checkbox"/> | <u>7</u> | <input type="checkbox"/> | 2. Representative Registration (Form MO 580-1869). |
| <input checked="" type="checkbox"/> | <u>8</u> | <input type="checkbox"/> | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet. |

Divider II. Proposal Description:

- | | | | |
|-------------------------------------|-----------|--------------------------|---|
| <input checked="" type="checkbox"/> | <u>11</u> | <input type="checkbox"/> | 1. Provide a complete detailed project description. |
| <input checked="" type="checkbox"/> | <u>13</u> | <input type="checkbox"/> | 2. Provide preliminary schematic drawings for the proposed project. |
| <input checked="" type="checkbox"/> | <u>11</u> | <input type="checkbox"/> | 3. Provide the existing and proposed gross square footage. |
| <input checked="" type="checkbox"/> | <u>15</u> | <input type="checkbox"/> | 4. Document ownership of the project site. |

Divider III. Community Need Criteria and Standards:

- | | | | |
|-------------------------------------|-----------|-------------------------------------|--|
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.8(4) provide the following: |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that all facilities involved are under the same licensure ownership or control; |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that all facilities involved are within the 6-mile limit; and |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it. |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | 2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.9 provide the following: |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Regulation and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters; |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same. |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | 3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.10 provide the following: |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that all facilities involved are within the 15-mile limit; and |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | - Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for long term care. |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | 4. If the proposal is to expand under provisions of §197.318.1 and the effort to purchase has been successful provide: |
| <input checked="" type="checkbox"/> | <u>22</u> | <input type="checkbox"/> | - Purchase Agreement Form(s) (MO 580-2532); and |
| <input checked="" type="checkbox"/> | <u>27</u> | <input type="checkbox"/> | - A copy of the selling facility's reissued licensed verifying surrender of beds sold. |
| <input type="checkbox"/> | <u>—</u> | <input checked="" type="checkbox"/> | 5. If the proposal is to expand under provisions of §197.318.1 and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2532) verifying unsuccessful effort(s) to purchase. |

DIVIDER I. APPLICATION SUMMARY

DIVIDER I. APPLICATION SUMMARY:

Application Summary shall include the completed forms in the following order:

1. Applicant Identification and Certification (Form MO 580-1861);

ANSWER: Attached as **Exhibit 1** is the Applicant Identification and Certification form.

2. Representative Registration (Form MO 580-1869);

ANSWER: Attached as **Exhibit 2** is the Representative Registration form for Thomas D. Vaughn.

3. Proposed Project Budget (Form MO 580-1863) and detail sheet

ANSWER: Attached as **Exhibit 3** is the Proposed Project Budget and detail sheet.

DIVIDER I. ATTACHMENTS



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION(must match the **Letter of Intent** for this project, without exception)**1. Project Location** (attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Columbia Manor Care Center	Project Number 4479 NP
Project Address (Street/City/State/Zip Code) 2012 Nifong Boulevard Columbia, MO 65201	County Boone

2. Applicant Identification (Information must agree with previously submitted Letter of Intent)

List All Owner(s): (list corporate entity)	Address (Street/City/State/Zip Code)	Telephone Number
Columbia Manor, Inc.	P. O. Box 588 Chillicothe, MO 64601	660-646-5385
List All Operator(s): (list entity to be licensed or certified)	Address (Street/City/State/Zip Code)	Telephone Number
Columbia Manor, Inc. d/b/a Columbia Manor Care Center	2012 Nifong Boulevard Columbia, MO 65201	573-449-1246

3. Ownership (Check applicable category)

<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other: _____

4. Certification:

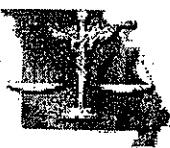
In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (attach a Contact Person Correction Form if different from the Letter of Intent)

Name of Contact Person Thomas D. Vaughn	Title Attorney
Telephone Number 573-635-9118	Fax Number 573-634-7854
E-mail Address tom.vaughn@huschblackwell.com	
Signature of Contact Person 	Date of Signature 2/10/2010

**REPRESENTATIVE REGISTRATION***(A registration form must be completed for each project represented)*

Project Name Columbia Manor Care Center		Number 4479 NP														
(Please type or print legibly)																
Name of Representative Thomas D. Vaughn	Title Attorney															
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Husch Blackwell Sanders LLP	Telephone Number 573-635-9118															
Address (Street/City/State/Zip Code) P. O. Box 1251 Jefferson City, MO 65102																
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>																
Name of Individual/Agency/Corporation/Organization being Represented Columbia Manor Care Center		Telephone Number 573-449-1246														
Address (Street/City/State/Zip Code) 2012 Nifong Boulevard Columbia, MO 65201																
<table border="0"><tr><td>Check one. Do you:</td><td>Relationship to Project:</td></tr><tr><td><input checked="" type="checkbox"/> Support</td><td><input type="checkbox"/> None</td></tr><tr><td><input type="checkbox"/> Oppose</td><td><input type="checkbox"/> Employee</td></tr><tr><td><input type="checkbox"/> Neutral</td><td><input checked="" type="checkbox"/> Legal Counsel</td></tr><tr><td></td><td><input type="checkbox"/> Consultant</td></tr><tr><td></td><td><input type="checkbox"/> Lobbyist</td></tr><tr><td></td><td><input type="checkbox"/> Other (explain):</td></tr></table>			Check one. Do you:	Relationship to Project:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None	<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Legal Counsel		<input type="checkbox"/> Consultant		<input type="checkbox"/> Lobbyist		<input type="checkbox"/> Other (explain):
Check one. Do you:	Relationship to Project:															
<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None															
<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee															
<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Legal Counsel															
	<input type="checkbox"/> Consultant															
	<input type="checkbox"/> Lobbyist															
	<input type="checkbox"/> Other (explain):															
Other information: _____ _____																
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</p>																
Original Signature 		Date February 9, 2010														

**PROPOSED PROJECT BUDGET**

<u>Description</u>	<u>Dollars</u>
COSTS:*	
1. New Construction Costs ***	\$2,084,700
2. Renovation Costs ***	100,000
3. Subtotal Construction Costs (#1 plus #2)	\$2,184,700
4. Architectural/Engineering Fees	\$289,800
5. Other Equipment (not in construction contract)	400,000
6. Major Medical Equipment	0
7. Land Acquisition Costs ***	0
8. Consultants' Fees/Legal Fees ***	50,000
9. Interest During Construction (net of interest earned) ***	0
10. Other Costs ****	0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$739,800
12. Total Project Development Costs (#3 plus #11)	\$2,924,500 **
FINANCING:	
13. Unrestricted Funds	\$0
14. Bonds	0
15. Loans	2,924,500
16. Other Methods (specify)	0
17. Total Project Financing (sum of #13 through #16)	\$2,924,500 **
18. New Construction Total Square Footage	21,668
19. New Construction Costs Per Square Foot *****	96.21
20. Renovated Space Total Square Footage	14,640
21. Renovated Space Costs Per Square Foot *****	6.83

* Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.

** These amounts should be the same.

*** Capitalizable items to be recognized as capital expenditures after project completion.

**** Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

***** Divide new construction costs by total new construction square footage.

***** Divide renovation costs by total renovation square footage.

Proposed Project Budget Detail Sheet

Project 4479 NP: Columbia Manor Care Center

All amounts are based on estimates prepared by Applicant's architect, SBWesser, Sedalia, Missouri.

DIVIDER II. PROPOSAL DESCRIPTION

DIVIDER II. PROPOSAL DESCRIPTION

Proposal description shall include documents which:

1. Provide a complete detailed project description;

ANSWER: Columbia Manor, Inc. d/b/a Columbia Manor Care Center qualifies for a purchase of CON beds from any location in the State of Missouri pursuant to § 197.318.8 RSMo. 2000 because its average occupancy rate over the last six quarters is more than 90% and it has had no Class I violations during the same time period. Columbia Manor, Inc. d/b/a Columbia Manor Care Center will purchase forty (40) SNF beds from Grandview Care Center, Inc. d/b/a Grandview Manor Care Center, 5301 Harry Truman Drive, Grandview, MO 64030 and relocate these forty (40) SNF beds to Applicant's location at 2012 Nifong Boulevard, Columbia, MO 65201. The new construction will be approximately 21,668 square feet in the form of an addition to applicant's existing building where the new 40 SNF beds will be located. In addition, applicant will remodel the existing building (of approximately 14,640 square feet) in order to make changes to accommodate the addition, update wall coverings and paint and related remodeling.

2. Provide preliminary schematic drawings for the proposed project;

ANSWER: Attached as **Exhibit 4** is a preliminary schematic drawing for the proposed project.

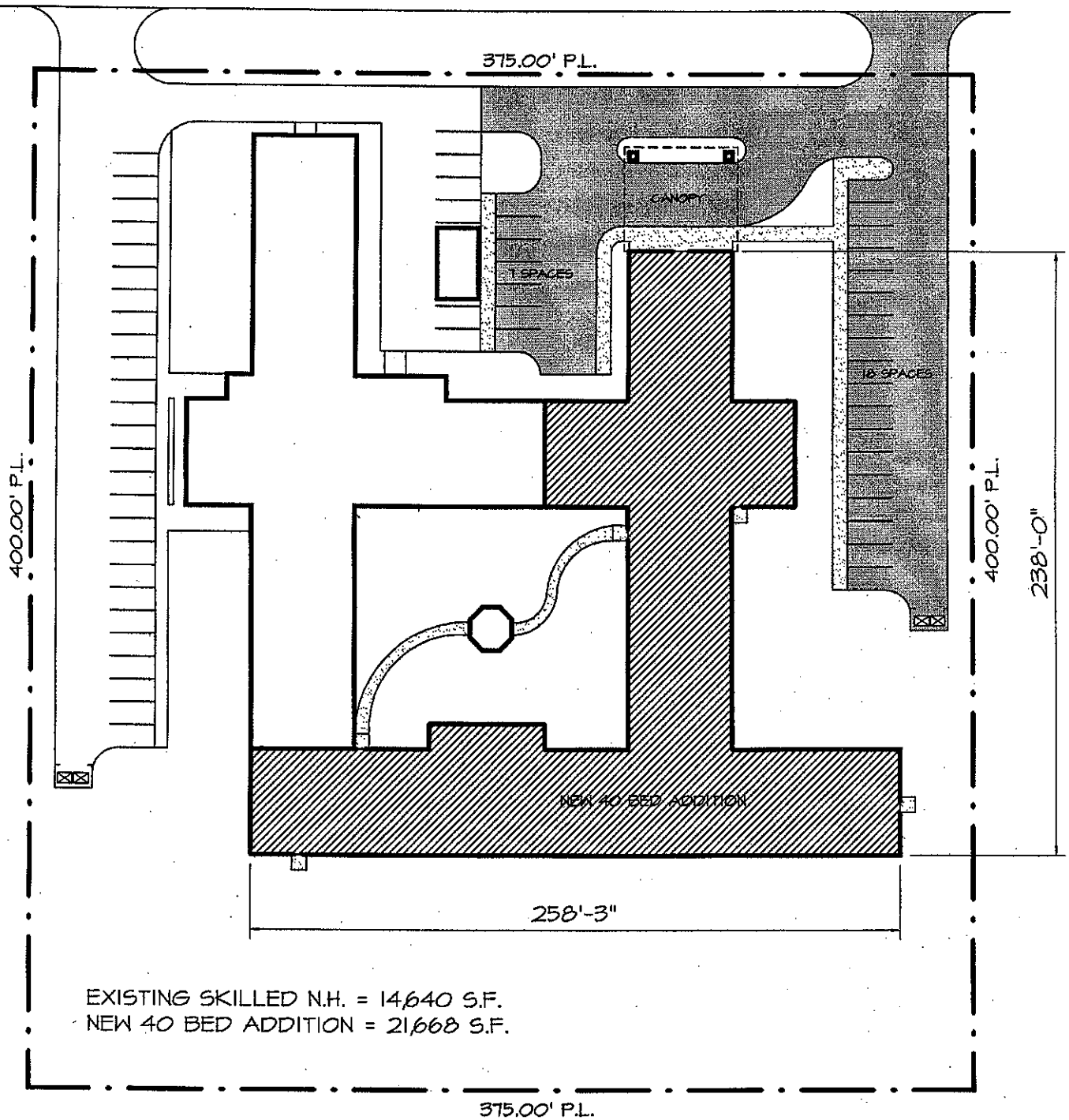
3. Provide the proposed gross square footage;

ANSWER: The proposed gross square footage of the addition is 21,668 square feet. The gross square footage of the area to be remodeled is 14,640. The gross square footage of the existing building is 14,640.

4. Document ownership of the project site, or provide an option to purchase;

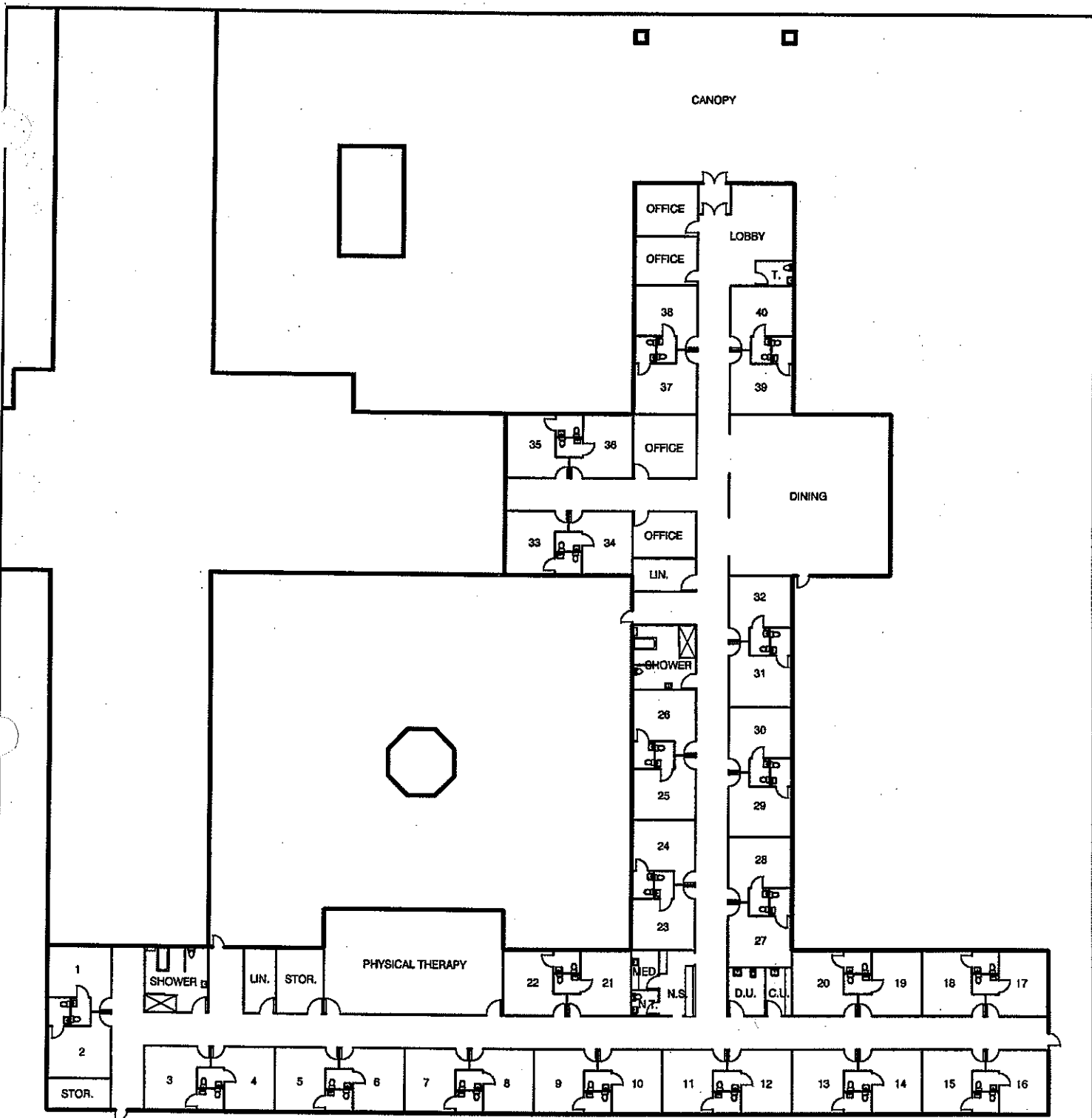
ANSWER: Attached as **Exhibit 5** is documentation of the ownership of the project site in the form of a Release of Mortgage dated as of November 11, 1994.

DIVIDER II. ATTACHMENTS



PROPOSED SITE PLAN

SCALE: 1"=60'-0"



PROPOSED FLOOR PLAN

NEW 40 BED ADDITION = 21,668 S.F.

SB
WESSER
architecture | design AIA

COLUMBIA MANOR CARE CENTER 40 BED SKILLED ADDITION

COLUMBIA

MISSOURI

Feb. 10, 2010

Page 14

EXHIBIT 5

Filed for record on September 26 1995 at 12:06:10 o'clock P.M. in Boone County, Missouri
 Document No. 18246 recorded in Book 1181 Page 251 **BETTIE JOHNSON, RECORDER OF DEEDS**

AMERICAN GENERAL FINANCE IS THE SUCCESSOR TO MID-AMERICA SAVINGS RELEASE OF MORTGAGE

This certifies, that a certain mortgage executed by COLUMBIA MANOR INC **251** LOAN
 of the City of COLUMBIA County of BOONE
 State of MISSOURI to AMERICAN GENERAL F
 (Corporate name and address)
1301 VANDIVER DR STE F COLUMBIA, MO, 65202 **BOONE**
 County, MISSOURI, on 120TH day of JULY, 19 73
 (State)
 securing the principal sum of \$ 303,000.00, and duly recorded in Marion H. Hays
406, Page 220, in the Office of the BETTY BAUNDERS
BOONE County, MISSOURI (Recording Office)
 (State), has been fully paid and
 satisfied, and same is hereby released.

IN WITNESS WHEREOF, the Undersigned has hereunto set its hand by its properly
 authorized offices this 11TH day of OCTOBER
 19 94.

AMERICAN GENERAL FINANCE INC
 (Corporate Name)
 By [Signature]
SHAWN GOWAN BRANCH MANAGER

SEE ATTACHED

STATE OF MISSOURI) SS:
 COUNTY OF BOONE)

The undersigned, a Notary Public, in and for the State and County aforesaid, does hereby certify
 foregoing Release was this day produced to me in said County and State and acknowledged by
SHAWN GOWAN, BRANCH MANAGER
 of said AMERICAN GENERAL FINANCE

(Corporate Name)
 to be the act and deed of AMERICAN GENERAL FINANCE INC
 (Corporate Name)
 and the act and deed of SHAWN GOWAN, BRANCH MANAGER

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11TH
NOVEMBER, 19 94.

My Commission expires: FEBRUARY 24, 1996

Sandra K. Walters
 Notary Public, COLE County,
 State of MISSOURI

This instrument was prepared by MELISSA MADSEN, FINANCIAL REPRESENTATIVE

A tract of land in the SE $\frac{1}{4}$ of Section 30, T48N, Range 12 W in Boone County, Missouri, and being a part of a survey recorded in Book 406, Page 954, of the Boone County Records. Said tract of land being further described as follows:

Beginning at the NE corner of a survey shown in Book 406, Page 954; thence along the East line of said survey, S 0° 49' W, 400 feet; thence N. 90° 00' W, 375 feet; thence N 0° 49' E, 400 feet to the South line of State Route "AC"; thence along said South line, S 90° 00' E., 375 feet to the point of beginning and containing 3.443 acres.

FULL DEED OF RELEASE

The (assigned) identified note(s) secured by the within deed(s) of trust was (were) produced and canceled by me this 26 day of September, 1995.

BETTIE JOHNSON, RECORDER OF DEEDS

by Lisa Victor LISA VICTOR, deputy

STATE OF MISSOURI)
COUNTY OF BOONE) ss.

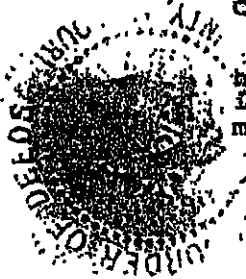
Document No. 18246

I, the undersigned Recorder of Deeds for said county and state do hereby certify that the foregoing instrument of writing was filed for record in my office on the 26th day of September, 1995 at 12 o'clock and 06:10 minutes PM and is truly recorded in Book 1181 Page 251.

Witness my hand and official seal on the day and year aforesaid.

BETTIE JOHNSON, RECORDER OF DEEDS

by Lisa Victor LISA VICTOR, deputy



Filed for record on July 30, 1973 at 8:00 A.M. in Boone Co. Mo.

Document No. 69 recorded in Book 406 page 220 by Betty Saunders, Recorder of Deeds.

DEED OF TRUST # 200013138

This Deed of Trust, made and entered into this 20th day of July, 1973,
by and between Columbia Manor, Inc., a Missouri Corporation

of the County of Boone and State of Missouri, party of the first part, hereinafter referred to in
the singular person, masculine gender as "Borrower"; Ben N. Smith, Jr. of Cooper County, Missouri,
party of the second part, hereinafter referred to as "Trustee" and

MID MISSOURI SAVINGS AND LOAN ASSOCIATION

a corporation, of Boonville, Missouri, party of the third part, hereinafter referred to as the "Association"; WITNESSETH:

That the Borrower, in consideration of the debt and trust hereinafter described and created, and the sum of one dollar in
hand paid by the Trustee, the receipt of which is hereby acknowledged, does by these presents grant, bargain and sell, convey and
confirm unto the Trustee, his successors and assigns, forever, all of the following described real estate, situate in the City of

County of Boone and state of Missouri, to-wit:

A tract of land in the SE $\frac{1}{4}$ of Section 30, T48N, Range
12 W in Boone County, Missouri, and being a part of a
survey recorded in Book 406, Page 954, of the Boone County
Records. Said tract of land being further described as
follows:

Beginning at the NE corner of a survey shown in Book
406, Page 954; thence along the East line of said survey,
S 0° 49' W, 400 feet; thence N. 90° 00' W, 375 feet;
thence N 0° 49' E, 400 feet to the South line of State
Route "AC"; thence along said South line, S 90° 00' E.,
375 feet to the point of beginning and containing 3.443
acres.

CANCELLED
SEP 25 1995

BETTIE JOHNSON
Recorder of Deeds, Boone Co., MO

The note secured by the instrument recorded on
this page has been identified.

Betty Saunders Recorder of Deeds
By Janice Wilson Deputy

DIVIDER III. COMMUNITY NEED CRITERIA AND STANDARDS.

1. If the proposal is to relocate RCF beds within 6-mile radius in accordance with § 197.318.8(4) provide the following:

- (a) Documentation that all facilities involved are under the same licensure ownership or control;**

Not applicable.

- (b) Documentation that all facilities involved are within the 6-mile limit; and**

Not applicable.

- (c) Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it.**

Not applicable.

2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with § 197.318.9 provide the following:

- (a) Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Health Standards and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters;**

Not applicable.

- (b) Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and**

Not applicable.

- (c) Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same.**

Not applicable.

3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with § 197.318.10 provide the following:

- (a) Documentation that all facilities involved are within the 15-mile limit; and**

Not applicable.

- (b) Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for long term care.**

Not applicable.

4. If the proposal is to expand under provisions of § 197.318.1 and the effort to purchase has been successful provide:

- (a) Purchase Agreement Form(s) (MO 580-2532); and**

Attached as **Exhibit 6** is a copy of the Purchase Agreement between applicant and Grandview Care Center, Inc. d/b/a Grandview Manor Care Center. Also attached as **Exhibit 7** is a copy of a letter dated January 22, 2010 from the Department of Health and Senior Services which certifies that the applicant meets the requirements of § 197.318.1 in that the facility had an average occupancy greater than 90% over the prior six quarters and had no Class I deficiencies during the prior 18 months.

- (b) A copy of the selling facility's reissued license verifying surrender of beds sold.**

Exhibit 8 includes a copy of the new license for Grandview Care Center, Inc. d/b/a Grandview Manor Care Center showing that the number of licensed beds has been reduced from 102 beds to 62 beds. **Exhibit 9** is a copy of a letter from Grandview Care Center, Inc. d/b/a Grandview Manor Care Center to Thomas R. Piper which states that Grandview Care Center, Inc. d/b/a Grandview Manor Care Center will not expand in the category of SNF or intermediate care facility beds for a period of five (5) years.

5. If the proposal is to expand under provisions of § 197.318.1 and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2532) verifying unsuccessful effort(s) to purchase.

Not applicable.

DIVIDER III. ATTACHMENTS

**PURCHASE AGREEMENT****Part I: Purchasing Facility Information**

Name of Facility: Columbia Manor Care Center

Address (no PO Box): 2012 Nifong Boulevard

City, State, Zip, County: Columbia MO Boone 65201

Number/Type Licensed Beds: 52 ☐ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)
☒ ICF/SNF

Owner(s): Columbia Manor, Inc.

Operator(s): Columbia Manor, Inc.

Part II: Selling Facility Information

Name of Facility: Grandview Manor Care Center

Address (no PO Box): 5301 Harry Truman Drive

City, State, Zip, County: Grandview MO 64030 Jackson

Number/Type Licensed Beds: 102 ☐ RCF/ALF (check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)
☒ ICF/SNF

Owner(s): Grandview Care Center, Inc.

Operator(s): Grandview Care Center, Inc.

Part III: Value of Consideration

Monetary Value of Purchase: \$100 No./Type Beds: 40 SNF

Terms of Purchase: Payment in full upon reduction in Seller's license
(add more pages as necessary to describe the sale)

Part IV: Certification of Information

☒ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

See Exhibit A

Purchaser Signature: _____

Title/Date: _____

Seller(s) Signature(s): Owner(s): _____

Operator(s): _____

Title/Date: _____

Exhibit A

Purchaser:

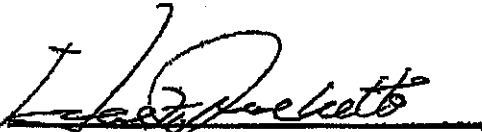
Seller:

Operator and Owner:

Operator and Owner:

COLUMBIA MANOR, INC.
d/b/a COLUMBIA MANOR CARE
CENTER

GRANDVIEW CARE CENTER, INC. ,
INC. d/b/a GRANDVIEW MANOR CARE
CENTER



Hal F. Juckette
President

Date: 2-8-10



By: Hal F. Juckette
President

Date: 2-8-10



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

January 22, 2010

Thomas D. Vaughn, Attorney
Husch Blackwell Sanders LLC,
P. O. Box 1251
Jefferson City, MO 65102

Re: Columbia Manor Care Center
2012 Nifong Blvd.
Columbia, MO 65201

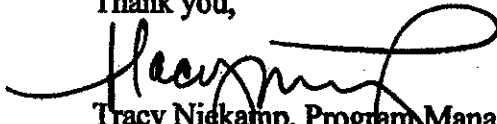
Dear Mr. Vaughn:

Please find enclosed a copy of the LTC Facility Expansion Certification for Festus Manor, per request of the Certificate of Need Program.

The original has been forwarded to the Certificate of Need Program office for their review.

If you have any questions regarding the information submitted on this form, please contact me at 573-526-8522.

Thank you,


Tracy Nickamp, Program Manager
Licensure and Certification Unit

Attachment

www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.



LTC Facility Expansion

CERTIFICATION

by the Division of Regulation and Licensure, DHSS

Part I: Facility Information

Name of Facility: Columbia Manor Care Center

Address (no PO Box): 2012 Nifong Boulevard

City, State, Zip, County: Columbia, MO 65201 (Boone County)

Number and Type of Beds: 52 ☐ RCF/ALF (check RCF/ALF for residential care facility or assisted living facility or ICF/SNF for intermediate care and skilled nursing facility)
☒ ICF/SNF

Owner(s): Columbia Manor, Inc.

Operator(s): Columbia Manor, Inc.

Project Number: 4479 NP Date LOI Filed: January 8, 2010

Part II: Quarterly RCF/ALF/ICF/SNF Bed Occupancy Rate

Occupancy statistics for this facility for the most recent six consecutive calendar quarters prior to the LOI date shown above:

(circle appropriate quarter, insert the Calendar Year (CY), and complete information below)

Qtr 1 2 3 4 CY 08: 92.8% Qtr 1 2 3 4 CY 08: 90.0% Qtr 1 2 3 4 CY 09: 92%
Qtr 1 2 3 4 CY 08: 91.5% Qtr 1 2 3 4 CY 08: 90.5% Qtr 1 2 3 4 CY 09: 94.1%
Six-quarter average: 91.8%

☒ Yes ☐ No

For expansion through the purchase of beds, based on the Division of Regulation and Licensure's (DRL) Quarterly Survey Data, the 90% bed occupancy requirement has been met.

☐ Yes ☐ No

For expansion through the addition of beds, based on the DRL's Quarterly Survey Data, the 92% bed occupancy requirement has been met for under 40 LTC beds, or 93% for 40 bed or more LTC beds (see above).

Part III: Deficiencies

☒ Yes ☐ No

For expansion through the purchase or addition of beds, based on the DRL's annual facility survey, the above-named facility meets the requirement of not having any final Class 1 patient care deficiencies during the past 18 months.

Part IV: Certification of Information

Statement: The above information is an accurate representation of the findings by the DRL in accordance with appropriate CON rules.

Signature: [Signature]

Title/Date: Program Manager 1/22/09



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director

EXHIBIT 8



Jeremiah W. (Jay) Nixon
Governor

February 10, 2010

VICKY JARRARD, ADMINISTRATOR
GRANDVIEW MANOR CARE CENTER
5301 HARRY S TRUMAN DR
GRANDVIEW, MO 64030-1708

Dear Ms. Jarrard:

This is in response to your letter requesting to decrease the total bed capacity at Grandview Manor Care Center from 102 beds to 62 beds. Enclosed is an amended license that reflects this change.

If you have questions, please call the Licensure Unit at (573) 526-8506.

Sincerely,

Matt Younger, Section Administrator
Section for Long-Term Care Regulation

MY/TN/lh

Enclosure

c: Region 3
Central Information Unit - 03157A

www.dhss.mo.gov

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State of Missouri



*Department of Health and Senior Services
Division of Regulation and Licensure*

License

GRANDVIEW CARE CENTER, INC

Operator

Is Hereby Granted this License to Operate A / An

Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

GRANDVIEW MANOR CARE CENTER

Name of Facility

5301 HARRY S TRUMAN DRIVE, GRANDVIEW, MISSOURI 64030-1708

Location

TYPE OF LICENSE: **AMENDED TEMPORARY OPERATING PERMIT**

MAXIMUM BED CAPACITY: **62**

LICENSE NUMBER **037706**

EFFECTIVE DATE **01/01/2010**

EXPIRATION DATE **03/31/2010**

40 BED DECREASE EFFECTIVE 02/09/10

[Signature]

SECTION ADMINISTRATOR,
SECTION FOR LONG TERM CARE REGULATION

GRANDVIEW CARE CENTER, INC.
d/b/a Grandview Manor Care Center

5301 Harry Truman Drive
Grandview, MO 64030
Telephone: 816.763.2855

February 8, 2010

Mr. Thomas R. Piper
Missouri Certificate of Need Program
P. O. Box 570
Jefferson City, MO 65102

Re: Grandview Manor Care Center

Dear Mr. Piper:

This letter is to stipulate that, contingent on Certificate of Need approval and licensure of forty (40) skilled nursing beds being purchased by Columbia Manor, Inc. d/b/a Columbia Manor Care Center from Grandview Care Center, Inc., d/b/a Grandview Manor Care Center ("Grandview Manor"), for a period of five years following the date on which the licensure is relinquished by Grandview Manor, Grandview Manor agrees that it will not increase its number of licensed beds in the SNF or intermediate care facility category beyond the current number of licensed beds which is 62 SNF beds, following reduction from 102 SNF beds to 62 SNF beds.

Sincerely yours,

Grandview Care Center, Inc.
d/b/a Grandview Manor Care Center



Hal F. Juckette
President